

INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES

This Informed Consent for Telepsychology Services contains important information regarding psychotherapy using the phone or internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreed supplement to our initial ***Agreement for Services***.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks (e.g., limits to patient confidentiality).

Electronic Communications

Telepsychology requires technical competence on both our parts to be helpful. We will decide together which kind of telepsychology service to use (e.g., telephone, internet). You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

There are many ways that technology issues might impact telepsychology sessions. For example, technology might stop working during a session. If this occurs, disconnect from the session and then reconnect, or I will wait two minutes and then re-contact you through the telepsychology platform on which we agreed to conduct therapy. If we are unable to re-establish contact through the telepsychology platform, I will call you on the telephone number you provide me where you can be reached. Or you may call me at the number I give you for our contact. We can choose to continue the session over the telephone or reschedule, keeping in mind that many insurance companies will only cover telepsychology that involves two-way real-time video contact.

Efficacy and Appropriateness of Telepsychology

Most research shows that telepsychology is about as effective as in-person psychotherapy. However, there is debate about a therapist's ability to fully understand non-verbal information when working remotely. It is not usually indicated for clients who are currently in a crisis situation or who require high levels of support or intervention. We will discuss whether telepsychology continues to be appropriate for you. We will agree to let each other know if either of us decides that telepsychology is no longer the most appropriate form of treatment for you.

Confidentiality

I have a legal and ethical responsibility and will make my best efforts to protect communications that are part of our telepsychology. However, please be aware that the nature of electronic communications technologies is such that our communications could be compromised, unsecured or accessed by others, despite my best efforts. Therefore, I also recommend you take reasonable steps to help ensure the security of our communication, such as using only secure networks rather than public/free Wi-Fi and having password protection on the devices you use.

Further, because telepsychology sessions take place where either one or both of us are outside of my office, there is potential for other people to overhear our sessions. I will take reasonable steps to ensure your privacy on my end/in my location. But it is also important for you to make sure you find a private place where the sessions will not be overheard. Similarly, it is important for you to choose a location that is reasonably quiet and free from distractions (including cell phones or other devices).

The extent of confidentiality and the exceptions to confidentiality that I outlined in the initial **Agreement for Services** document still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than during traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services that includes at least one emergency contact and identifying the closest emergency room (ER) to your location.

If our session is interrupted for any reason, such as the technological connection fails and you are having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

Location

There are legal restrictions on the state you can be physically located in during our telepsychology sessions. I am licensed in Washington and am registered to conduct telepsychology in Florida, so you must be in either Washington or Florida during our sessions. Some states also allow you to receive services from me while you are in their state; others do not. Please let me know if you would like to receive services in a state other than Washington or Florida. Otherwise I will assume you are physically located in Washington or Florida at the time of our telepsychology session. If you are located in a different state, and we have not discussed it prior to the scheduled session, we will need to reschedule that session until I can ascertain what is needed for me to conduct telepsychology services in that state, or until you are able to return to the states where I am allowed to practice telepsychology.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, your insurance company might not cover sessions that are conducted via telepsychology. If your insurance does not cover telepsychology sessions, you will be solely responsible for the entire fee of the session. You should contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of our actual session time.

Records

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a written record of our sessions in the same way I maintain records of in-person sessions in accordance with my policies.

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Agreement

This agreement is intended as a supplement to the ***Agreement for Services*** that we agreed to at the outset of our clinical work together and does not amend any of the terms of that ***Agreement for Services***. Our signatures below indicate that we have read the information in the Informed Consent for Telepsychology Services and agree to abide by its terms.

Signature of Patient or Legal Guardian	Print Name	Date
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Signature of Partner	Print Name	Date
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Signature of Psychologist	Print Name	Date
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Alternate Phone Numbers

Please provide alternate phone numbers where you can be reached if the telepsychology platform fails during a session. Please only include numbers that you are comfortable with me calling/talking to whoever answers.

Phone Number 1: _____ (please include area code)

Phone Number 2: _____ (please include area code)

Phone Number 3: _____ (please include area code)

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Closest Emergency Rooms

Please identify your possible locations during telepsychology sessions with me and the closest Emergency Rooms to each location in the event of a crisis/emergency.

Location 1 (please specify): _____

Closest ER to Location 1: _____

Location 2 (please specify): _____

Closest ER to Location 2: _____

Location 3 (please specify): _____

Closest ER to Location 3: _____

Please inform me if you are in a different location from any of these listed at the beginning of a telepsychology session so we can determine a backup safety plan.